24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼
	C C00489799
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
SKDKnickerbocker	M = M / D = D / Y = Y = Y
Moiling Address	09 27 2016
Mailing Address 1150 18th St., NW #800	Amount
004	4000.00
City State Zip Code Washington DC 20036	1368.00 Transaction ID : B628833
	Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Commission Category/ Type 004	09 / 27 / 2016
Name of Federal Candidate Support Offi	ce Sought: House District:
Kelly Ayotte X Oppose	President Senate State: NH
Calendar Year-To-Date Dis	bursement For: Primary X General
Per Election for Office Sought 685257.22 201	
Full Name of Payee	Date of Public Distribution/Dissemination
Planned Parenthood Action Fund Inc.	09 13 2016
Mailing Address 123 William St, 10th Floor	09 13 2010
	Amount
City State Zip Code	182.94
New York NY 10038	Transaction ID : B628829
Purpose of Expenditure	Date of Disbursement or Obligation
Direct voter contact-staff time Category/ Type 001	09 13 2016
Name of Federal Candidate Support Offi	ice Sought: House District:
Kelly Ayotte	President Senate State: NH
	bursement For: Primary X General
Per Election for Office Sought 685257.22	
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	1550.94
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Deirdre Schifeling	1 H / D D / V - V - V
[Electronically Filed] Date	09 29 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Planned Parenthood Votes	C C00489799	
	O	
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Blueprint Interactive	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2229 North Pollard St	Amount	
City State Zip Code	100100.00	
Arlington VA 22207	Transaction ID : B628831	
Purpose of Expenditure Digital Ad Buy Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	ce Sought: House District:	
Kelly Ayotte	President Senate State: NH	
Calendar Year-To-Date Dist	pursement For: Primary X General	
Per Election for Office Sought 685257.22 2016	Other (specify) ►	
Full Name of Payee SKDKnickerbocker	Date of Public Distribution/Dissemination	
SKDKNICKEIDOCKEI	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1150 18th St., NW #800	Amount	
City State Zip Code	1368.00	
Washington DC 20036	Transaction ID : B628832 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Ad Commission Category/ Type 004	09 / 27 / 2016	
Name of Federal Candidate Support Office	ce Sought: House District:	
Donald Trump X Oppose X	President Senate State: US	
Calendar Year-To-Date Per Election for Office Sought Dist 2146546.14	oursement For: Primary General Other (specify)	
	Other (apooliy) =	
(a) SUBTOTAL of Itemized Independent Expenditures	101468.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	09 29 2016	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Blueprint Interactive	Date of Public Distribution/Dissemination
Mailing Address 2229 North Pollard St	09 27 2016 Amount
City State Zip Code	100100.00
Arlington VA 22207	Transaction ID : B628830 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Donald Trump Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2146546.14	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	Cirior (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 100100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	> 203118.94
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Deirdre Schifeling [Electronically Filed] Date	e 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y